



*A newsletter for employees of
the Portland VA Medical Center*

In the News

Spring 2005

PVAMC Celebrates Employee Achievements

by Kim Winn

Monday, February 14th, saw the Portland VAMC celebrating the last six months of employee achievements. PVAMC Director **Dr. James Tuchsmidt** and Deputy Director **Kathleen Chapman** hosted a ceremony announcing the Medical Center Awards Panel selections for Employees of the Month and Teams of the Month for June through December 2004 (see sidebar on page 4).

Barbara Bolf, PATH, and **Cary Jones**, HRMS, both received STAT awards for "Slicing Through Administrative Trivia." Mr. Jones developed a spreadsheet for tracking donated leave for the convenience of the entire HR work group. Ms. Bolf was responsible for making her work area more efficient and ergonomic without costing the medical center a dime - she located an unused C-cart in storage! Great problem solvers!

The final awards of the morning were presented to the Panel's



Valentines for Veterans

Veteran Jerry Evanson enjoys a February 12 visit with Camp Fire USA girls, who presented handmade valentines to patients at the PVAMC Nursing Skilled Care Unit in Vancouver. Another Camp Fire group visited hospitalized patients at the Portland Division. (Photo by Steven Lane/The Columbian)

winners for Employee of the Year, Team of the Year, and the Excellence in Action Award.

Kathy Chapman was on hand in Vancouver to announce **Don Petersen**, Addiction Therapist, as the Employee of the Year. **Lynn Van Male**, who nominated Don, told the story of his dedicated selflessness in his work with the PTSD Family Education Classes, how Don attends class - not as a counselor, but as a Vietnam Veteran. She explained that Don's willingness to share his personal trauma and recovery experiences underscores his commitment to veterans and improving their lives. Don was awarded a certificate, a monetary award, and a yearlong reserved parking spot.

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Dr. Jack Dryden Named Chief of Staff

On March 17, PVAMC Director **Dr. James Tuchsmidt** announced the selection of **Dr. John (Jack) Dryden** as our new Chief of Staff. Dr. Dryden has served as Acting Chief of Staff since June 2004, when Dr. Richard Davis retired.

Dr. Dryden was a high school teacher before entering medical school. He received his MD from Oregon Health and Science University in 1988 and his postgraduate training in Physical Medicine and Rehabilitation at the University of Washington. He has Board Certification from the American Board of Physical Medicine and Rehabilitation with subspecialty Board Certification in Spinal Cord Injury.

He joined the staff at PVAMC shortly after completing his postgraduate training and became the Chief of Physical Medicine & Rehabilitation in 1995.

Throughout his career, Dr. Dryden has held faculty appointments at the University of Washington School of Medicine and at OHSU.

Dr. Dryden has been an active VA leader both locally and nationally. When he was appointed acting Chief of Staff, his first major task was to help prepare the medical center for a JCAHO survey - a survey in which we did extraordinarily well. He has led numerous hospital committees and task groups, having a major impact on the way care is delivered at the medical center. For example, his leadership led to

February 24, 2005 Message from the Network Director

This morning at our VISN 20 Executive Leadership Council meeting, I announced that I will be stepping down as Network Director, effective May 15th. For the past three years, it has been my privilege to lead the magnificent VISN 20 team of over 8300 dedicated and talented individuals. I continue to marvel at our network's accomplishments in direct health care, education, and research. Yours is an enviable record of achievement, a record that is recognized by all our stakeholders, not only our patients.

Today, our nation finds itself engaged in a prolonged war on terrorism. Everyday in VISN 20, we are reminded of the cost of that war in the returning veterans who seek our care. In respect to this great challenge, I will be devoting my time to further the seamless transition process for our nation's newest veterans, by working as a Special Assistant to the Acting Under Secretary for Health.

Ours is a most noble calling; our nation's veterans count on us to be their advocates, and to provide them with the finest health care available, something you do so very well. I look forward to our continued interaction in the months ahead.

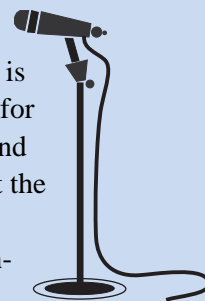
Sincerely,
Leslie M. Burger, MD, FACP
Network Director, VISN 20
VA Northwest Health Network



development of many clinical pathways, such as those for care of diabetic patients and patients undergoing hip replacements. His many regional and national posts include chair of the VISN 20 Rehabilitation and Long Term Care Task Force, and member of the VA Field Advisory Board for Physical Medicine and Rehabilitation. Dr. Dryden is also widely respected as an educator and for his research accomplishments.

Let Us Hear From You

In The News is a newsletter for employees and volunteers at the Portland VA Medical Center. Please submit story ideas or comments to Public Affairs Officer Pat Forsyth by e-mail or call Ext. 52975.



Achievements cont.

Dr. Tuchschiidt introduced the C.H.A.M.P.I.O.N.S. Steering Committee as the Team of the Year. Co-Chaired by **Trent Stewart** and **Gail Rasmussen**, the committee was recently selected by the American Society for Training & Development, an external agency, for its prestigious "Citation of Excellence." C.H.A.M.P.I.O.N.S. provides the foundation for PVAMC's staff development program, allowing GS 2-6 employees the opportunity to develop their skills for personal and professional growth. The committee members were presented with certificates and a monetary award.

PVAMC's top award, the Excellence in Action Award, went to **Sylvia Rene Stell**, Patient Education Technician. Jeanine Swygman, RN, nominated Rene for her outstanding contributions in creating a low-sodium diet cookbook for patients and staff who suffer from heart failure. Once introduced to the idea, Rene "took the ball" and obtained permission from a web site author to produce two beautiful cookbooks: *Low Sodium Cooking Recipes* and *Heart Healthy Holiday Recipes*. They feature great recipes, interesting graphics, instructions, and nutrition information. Thanks to Rene's enthusiasm these cookbooks became a reality for the Heart Failure Clinic. Because of her, veterans and their families will have an easier time transitioning to, and even enjoying, a low sodium diet.

Congratulations to all of the winners!!! The Medical Center Awards Panel says, "Keep those nominations coming - there are a lot of staff doing amazing things!"



Don Petersen, Employee of the Year



Sylvia Rene Stell, Excellence in Action Award Winner



Dr. Tuchschiidt with members of the C.H.A.M.P.I.O.N.S. Steering Committee, Team of the Year. Pictured are Scott Ragland, Patti Craig, Gail Rasmussen, Kelly Goudreau, Trent Stewart and Kim Winn.



Portland VA Awards presented February 14, 2005

STAT! of the Month for June 2004, Barbara Bolf

STAT! of the Month for November 2004, Cary Jones

Employee of the Month for June 2004, Cheryl Marrow

Employee of the Month for July 2004, Don Petersen

Employee of the Month for August 2004, Roberta Ruimy

Employee of the Month for September 2004, Yen Trieu

Employee of the Month for October 2004, Guy Buckman

Employee of the Month for November 2004, Patty Bock

Team of the Month for July 2004 - ICU Insulin Drip Protocol

Diane Lyle, Judy McEuen, Dawn Barnachea, Malissa Warren and Jane Hilleman

Team of the Month for August 2004 - Cardiac Telemetry System

Floss Mambourg, Vicki Church, Rob Hertert, Eric Thomas, John Doyle,
Steve Weinberg, Cindy Fahy, Donna McGee, Greg Larsen, Sheri Cooper and Ray Rook

Team of the Month for September 2004 - Personnel Security Screening

Marlene Jamieson, Kelly Goudreau, Dee Archuleta, Harry Whitley, Patti Craig, Dennis Saub,
John Clifford, Mick Mickles, Laura Yohnka, David Douglas, Andy Covington and Roger Renfro

Team of the Month for October 2004 - Telephone Operators

Cathie Berglund, Barbara Parks, Arlene Harshman, Sabine Strader, Imelda Gregorio,
John Stanton, Tammy Lewis and Betty Johnson

Team of the Month for November 2004 - Opiate Treatment Program

Elisabeth Rice, Bonnie Bruggeman, Paul Berger, Michael Resnick, Jennifer Schmieder,
Richard Donaldson, Lana Bohon and Peter Benson



Team of the Year - C.H.A.M.P.I.O.N.S. Steering Committee

Gail Rasmussen, Trent Stewart, Kelly Goudreau, Patti Craig, Kim Winn, Kathleen Resburg,
Scott Ragland, Leonard Fearn and Paul Shaughnessy

Employee of the Year for 2004, Don Petersen

Excellence in Action for 2004, Sylvia Rene Stell



Common Test Misses Most Serious Colon Growths

A common screening test for colon cancer - the fecal occult blood test (FOBT) on a single stool sample from a rectal exam - failed to identify 95 percent of potentially cancerous growths in a study by PVAMC researchers and their colleagues.

“We know a lot of doctors are using the single digital FOBT as their only screening test for colon cancer, and the point we want to make is that it’s a very poor test,” said **David Lieberman**, MD, Chief of Gastroenterology/Hepatology at PVAMC and OHSU, OHSU Professor of Medicine, Co-Director of the OHSU Digestive Health Center and a member of the OHSU Cancer Institute. The researchers reported their findings in the January 18 *Annals of Internal Medicine*.

Many expert panels recommend colorectal cancer screening for people older than 50 who have no symptoms, Lieberman noted, and researchers have found that 24-64 percent of primary care providers use the digital FOBT as their primary colon-cancer screening test. Previous studies have shown that FOBTs can reduce deaths from colorectal cancer, but these studies performed six-sample FOBTs in which patients submitted two samples from three stools obtained at home on three consecutive days to be tested for unseen blood. Until now, the effectiveness of the single digital FOBT has been unknown.

Supported by the VA Office of Research and Development’s Cooperative Studies Program, Lieberman, **Judith Collins**, MD, Chief of the GI Section at the Portland VAMC and OHSU Associate Professor of Medicine, and their colleagues at 13 VA Medical Centers studied 2,665 asymptomatic veterans 50-75 years old to determine how many had serious colon polyps - growths that are large or show microscopic changes that can progress to cancer. Each participant underwent colonoscopy after submitting stool for a six-sample FOBT and

undergoing a rectal exam during which stool was obtained for a single digital FOBT.

Colonoscopy, the only procedure that allows physicians to search the entire colon for growths, revealed that 284 volunteers had serious polyps. Although the single digital FOBT detected only 5 percent of these serious polyps, the researchers found, the six-sample FOBT detected 24 percent.

“This not only tells us that digital FOBT alone is worthless,” Lieberman said, “but that even under the best circumstances, using the six-sample test, FOBTs should be done yearly. One screening simply isn’t enough.” Colonoscopy should be performed on anyone with a positive FOBT, he emphasized, as blood in the stool is associated with a higher possibility of cancer. If results of a digital FOBT are negative, he added, a six-sample FOBT or other screening should be offered.

In a previous study, Lieberman and his colleagues had found that one-time six-sample FOBT combined with sigmoidoscopy detected 76 percent of cancers or serious polyps in 2,885 asymptomatic veterans, missing a quarter of the growths (*New England Journal of Medicine*, August 23, 2001). These results also highlight the importance of yearly rather than one-time screenings, Lieberman said. Although similar to the more complicated and expensive colonoscopy procedure, sigmoidoscopy examines only the

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David Lieberman, MD

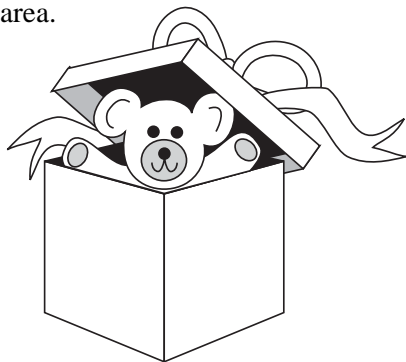


Judith Collins, MD

NEWS BRIEFS

VA Police Toy Drive Brings Cheer to Foster Children

Many thanks to all who donated toys for the PVAMC's annual Police Toy Drive. Lieutenant **Jeffrey Fletcher**, coordinator for the drive, said about 500 toys were donated, ranging from classic teddy bears to cordless power tools. The gifts helped bring Christmas cheer to many foster children in the Portland area.



New Law Aims at Improving Veterans Health Programs

The Veterans Health Programs Improvement Act of 2004, HR 3936, was signed into law in December. Among other provisions, the new law:

- Eliminates co-payments for veterans receiving hospice care furnished by VA.
- Permanently authorizes VA's sexual trauma counseling program.
- Authorizes establishment of new VA research and education centers focused on developing new treatments for veterans with complex multi-trauma injuries suffered while in combat.
- Creates a new pilot program to assist in recruiting highly skilled nurses at VA facilities.
- Provides VA with authority to transfer unneeded real property and retain the proceeds, with provisions to encourage use of excess properties for homeless veterans programs.
- Makes all enrolled veterans eligible to use the Veterans Canteen Service.

Cost-of-Living Increase Boosts Veterans Benefits

Millions of veterans and eligible family members saw their disability compensation pension and survivors' benefits increased in January under a new law that provides a 2.7 percent increase in these benefits. Under the veterans disability compensation program, tax-free payments generally range from \$108 to \$2,299 per month, depending on the degree of disability. Special payments up to \$6,576 per month apply to the most severely injured veterans.

Veterans Benefits Now Online

The 2005 edition of Federal Benefits for Veterans and Dependents is now online. The format is PDF and requires Adobe Acrobat (4.0 or later) or other PDF viewer. The publication is available at:

<http://www.va.gov/OPA/feature> or <http://www.va.gov> (Click on the "Current Benefits" link on the home page).

A Spanish language version will be available from the same locations as soon as the translation is complete.

World AIDS Day Puts Focus on Women

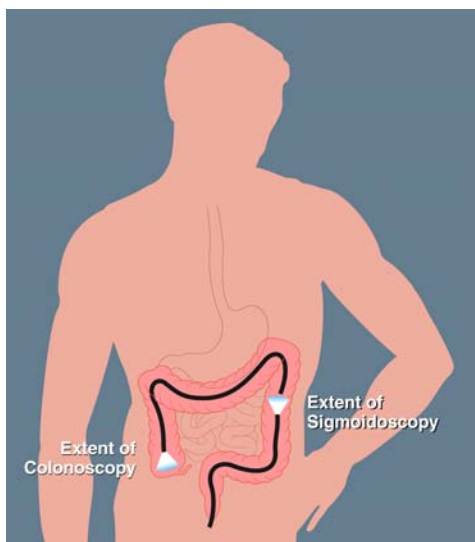
On December 1, PVAMC observed World AIDS Day with an information booth in the Portland Atrium. The year's observance focused on increasing awareness of women's high risk for becoming infected with HIV. About 47 percent of the 39.4 million people with HIV worldwide are female, according to the World Health Organization (WHO). Women are more likely than men to get HIV during heterosexual sex - the primary way the virus spreads in many parts of the world. Statistics from the Centers for Disease Control and Prevention show that women accounted for about 26 percent of 2003 AIDS diagnoses in the United States, up from 7 percent in 1985. As part of the 2004 World AIDS Day commemoration, WHO asked nations to work against sexual violence and to ensure that both women and men have good access to tools for AIDS education, prevention and treatment.

New Law Allows Higher Limits in VA Home Loan Program

Recent legislation makes home ownership more affordable for many veterans, allowing them to get no-down payment loans of up to \$359,700. The previous ceiling was \$240,000. The law also allows for loan limits to keep pace with rising home values. VA-guaranteed home loans are made by banks and mortgage companies to veterans, service members and reservists. With VA guaranteeing part of the loan, veterans can receive a good interest rate without having to make a down payment. The new law allows VA to guarantee one-year adjustable rate mortgages (ARMs) and it extends, through 2008, VA's "hybrid ARM program," which allows veterans to lock in a favorable interest rate for at least three years. More information about VA's home loan benefits can be found at <http://www.homeloans.va.gov>.

PVAMC Celebrates Black History Month

A major focus of PVAMC's Black History Month celebration in February was a tribute to African Americans in WWII. On Jan 13, 1997, more than fifty years after their military service, seven African American soldiers were awarded the Medal of Honor for actions performed in WWII. These seven honored soldiers have come to symbolize the remarkable contributions of all African Americans who served our country in all our wars. In a video dedicated to these patriots, "A Legacy of Patriotism and Valor," war veterans from all branches of service recount their personal experiences in WWII. If you would like to see the video, call the Minority Veterans Office at Ext. 52903.



Colon cancer cont.

lower part of the colon. Because the VA researchers found that people over 60 are more likely than those aged 50-60 to develop cancers in the upper colon, Lieberman said a case can be made for regular screening using six-sample FOBT and/or sigmoidoscopy in men aged 50-60, followed by a colonoscopy at age 60.

He cautioned that study patients in both studies were 97 percent male, and additional research is needed to look at screening effectiveness in women.

In addition to Lieberman and Collins, the new report's co-authors included Theodore E. Durbin, MD, David G. Weiss, PhD, and the Veterans Affairs Cooperative #380 Group.

Portland Researchers Highlight VA Advances

Staff, patients, and visitors celebrated PVAMC's 2005 Research Day April 8 in the Portland Auditorium. Staff earned TEMPO credit and heard about exciting recent advances in:

Osteoporosis

Discovery of genes that predispose people to develop osteoporosis, the "brittle bones" afflicting millions of Americans, and the resultant potential for developing new treatments.

Colon Cancer

A study finding that the colon cancer screening test used by many primary care doctors misses 95 percent of serious growths in the colon.

Heart Disease

Update on multi-center VA studies that have played a major role in shaping the way doctors care for patients with heart disease.

Hearing Loss

Using a new measuring method developed at PVAMC to potentially help the estimated 50 percent of hearing aid users who are dissatisfied with the devices.

Alcoholism

Studies to tease out how certain hormones that alter brain chemistry can influence drinking behavior and the severity of alcohol withdrawal, potentially pinpointing targets for new treatments for alcohol dependence.

Watch the next issue of *In The News* for an in-depth report.

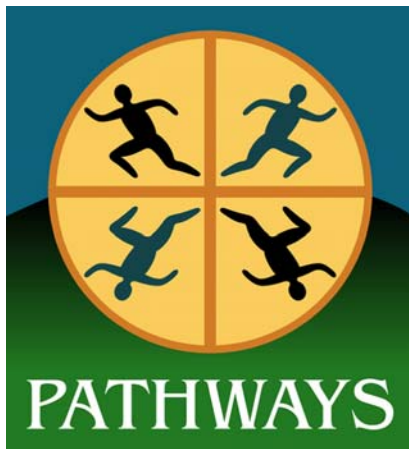
Play Recalls Experiences of American Women in Vietnam

by Louisa Davis Sills, MN, RN

On December 8, 2004, in the Vancouver NSCU dining hall and December 9 in the Portland VAMC Auditorium, staff and veterans were treated to performances of the play, *A Piece of My Heart*. The play was performed by drama students from Tualatin High School and directed by Stephen Clark.

A Piece of My Heart, written by Shirley Lauro, tells of the true experiences of American women during the Vietnam War. The lives of these women and others like them were profoundly affected by their participation in Vietnam, whether as military personnel, nurses, Red Cross volunteers or entertainers. The women represented in *A Piece of My Heart* gave hope to and saved the lives of servicemen and

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Pathways Mid-point Mingle

PVAMC Pathways mentees, along with their mentors and supervisors, gathered on January 25 for the Pathways Mid-Point Mingle. The mentees have reached the half-way point in Pathways and came together to re-energize, re-focus and learn strategies to help them succeed as they complete their program. PVAMC Director Dr. **James Tuchschiidt** joined the group as

they lunched and discussed career growth and development at the medical center.

Pictured with Dr. Tuchschiidt are (back row left to right) **Grovonny Nunn, Carol Munsterman, Ginny Wilde, Annette Ernst, Naomi Weatherspoon, Sandra Geary, Wayland Li, Curt Basham** and (front row left to right:) **Dorothy Garrison, Elizabeth Oliver, Lori Moon, Suzanne Angelo, Sharon McDonald, Karen Martin.**

For more information on the Pathways program, see the Fall, 2004, issue of In The News: http://vaww/Departments/COO/Public_Affairs/innews/20041122.pdf or call **Jacalyn Hardy** at Ext. 56998.



Play cont.

civilians alike, yet were confronted with a public that was slow to acknowledge the significance of their contribution. This play gives a captivating snapshot of the heartbreak and the horror of the wartime experience.

The Tualatin High School students clearly researched the topic in depth using resources such as the VHA pocket guide Web page for information on the Vietnam War at http://www.va.gov/OAA/pocketcard/vietnam_summary.asp and by consultation with a PVAMC Emergency Care Unit nurse, Lana Baldy, who was a nurse in Vietnam during the war. The result was a true-to-life performance that was both riveting and poignant. The play is called *A Piece of My Heart*, but by the time it was over, it had stolen all of our hearts.





Nicholson is New Secretary of Veterans Affairs

James “Jim” Nicholson was unanimously confirmed by the U.S. Senate on January 26, 2005, to serve as the new Secretary of Veterans Affairs. He was sworn into office on February 1.

Prior to his nomination, Mr. Nicholson served as U.S. Ambassador to the Holy See, a position he held since 2001, where he became a well-known advocate in Rome for the elevation of human dignity, giving special emphasis to human trafficking, religious freedom, starvation and bio-tech food, HIV-AIDS, and international terrorism. He was knighted by Pope John Paul II in October 2003 for his work representing the U.S. to the Vatican.

Mr. Nicholson was born in 1938 and grew up on a tenant farm in northwest Iowa in a family of seven children. He is a 1961 graduate of the United States Military Academy at West Point, N.Y. He served eight years on

active duty as a paratrooper and Ranger-qualified Army officer, then 22 years in the Army Reserve, retiring with the rank of Colonel. While serving in Vietnam, he earned the Bronze Star Medal, Combat Infantryman Badge, the Meritorious Service Medal, Republic of Vietnam Cross of Gallantry and two Air Medals.

Mr. Nicholson earned a master’s degree from Columbia University in New York, and a law degree from the University of Denver. He practiced law in Denver, specializing in real estate, municipal finance and zoning law. In 1978 he founded Nicholson Enterprises, Inc., a developer of planned residential communities, and in 1987 he bought Renaissance Homes, which became an award-winning builder of quality custom homes.

In January 1986, Mr. Nicholson was elected committeeman from Colorado for the Republican National Committee (RNC). In 1993 he was elected vice-chairman of the RNC, and in January 1997, he was elected chairman of the RNC, where he served for four years, through the elections of 2000.

Mr. Nicholson is married to the former Suzanne Marie Ferrell of Highland Falls, New York, who is an accomplished artist. They are the parents of three adult children.

VA Employees Volunteer for Disaster Relief

Are you interested in volunteering for emergency responses to disasters? VHA’s Disaster Emergency Medical Personnel System (DEMPS) has deployed more than 1,000 physicians, nurses, mental health counselors, pharmacists and support staff to assist the medical response to hurricanes, earthquakes, floods and severe storms. With a motto of “Helping Veterans...Helping the Nation...When They Need It the Most,” DEMPS was established in 1997 to streamline the identification and training of VA volunteers for emergency responses within their own or another VISN or nationwide. For more information, call PVAMC safety specialist **Bob Albrecht** at Ext. 56317.

Watch the next issue of In The News for a story on one of our PVAMC staff who recently returned from assisting in the tsunami disaster area.

Read the Story, Get TEMPO Credit!

Read the following story on Deep Vein Thrombosis, take the quiz, and send your answers with your name and Social Security “last four” to Cyndi Harrison (mail stop P2-PCA) for 1 hour of TEMPO credit.

Preventing a Leading Killer - Deep Vein Thrombosis

March is DVT Awareness Month

Keith Smith, PVAMC Information Systems Manager, was finally escaping on vacation after two weeks of marathon computer sessions to finish a project. Bounding up the Bldg. T-51 stairs toward the parking lot, he suddenly stopped, feeling dizzy and short of breath. “I thought I was having a heart attack,” Keith says. The symptoms persisted, so rather than trying to drive home, he stopped at Employee Health. That began a chain of events that ultimately landed Keith in the hospital with a diagnosis of “massive bilateral pulmonary embolism.” Pieces of a blood clot in his leg had broken loose and lodged in his lungs, blocking vessels supplying blood to lung tissue. “The doctor kept looking back and forth between me and the X-ray,” Keith recalls. “He couldn’t believe I was still standing.” Fortunately, Keith recovered completely with treatment. “I was lucky,” he says. “I could have died.”



PVAMC employee Keith Smith is one of millions of Americans who have suffered complications of DVT

Many people who follow the news have heard of deep vein thrombosis (DVT), sometimes referred to as “economy class syndrome” in media accounts of airline passengers who died after sitting for lengthy periods on long-haul flights. But how many people know that every year as many as 2,000,000 Americans are affected by DVT? Or that more people suffer from DVT annually than from heart attack or stroke? In fact, an American Public Health Association survey found that 74 percent of Americans know little or nothing about DVT.

To help educate the public and our medical communities, some 35 representatives from the Society of Hospital Medicine and other nationally known medical societies and advocacy and public health groups formed the Coalition to Prevent Deep-Vein Thrombosis. The Coalition has designated March 2005 as the second annual DVT Awareness Month. Here are some common questions on this common condition:

What is Deep Vein Thrombosis (DVT) and what is pulmonary embolism?

DVT is a blood clot (thrombus) that forms in a deep vein, usually in a leg. Our legs have both superficial veins and deep veins that pass through the center of the leg surrounded by muscles. Blood is pushed back toward the heart by muscle contractions and a series of one-way valves. Clots can form if a vein is damaged or if blood flow slows down or stops, such as during prolonged bed rest or the immobility of long-distance travel. If clots form in superficial veins, resultant “varicose veins” are unsightly and often uncomfortable, but not life-threatening. However, if a clot forms in a large deep vein and pieces break loose, they can travel to the lungs and may block the pulmonary artery or its branches, vessels supplying the lungs with blood. This blockage is called pulmonary embolism and can be life-threatening. If the clot completely blocks a vessel, it can cause sudden death. About 200,000 Americans die from pulmonary embolism each year - more than die from breast cancer and AIDS combined. With appropriate treatment, however, it’s rare for a DVT to lead to pulmonary embolism.

Who is at risk of DVT?

Anyone can potentially develop DVT, but certain “risk factors” raise the risk. Some of these are obesity, prior DVT, increasing age, cancer, illness with

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prolonged immobility, surgery, certain heart or respiratory diseases, pregnancy, use of contraceptive pills or hormone replacement therapy, paralysis, and restricted movement caused by long-distance travel. If you think you may be at increased risk for DVT, consult your health care provider for advice.

What are symptoms of DVT and pulmonary embolism?

Sometimes people with DVT are unaware something is wrong, but common symptoms include pain, swelling, and warmth and redness of the leg. These are not always signs of DVT but warrant contacting your doctor right away. Symptoms of pulmonary embolism include shortness of breath, chest pain that may be worsened by deep breaths and coughing up phlegm, possibly flecked with blood.

How is DVT diagnosed?

If your doctor suspects a DVT, a full history and physical examination will include tests for the clotting properties of your blood, an ultrasound scan, and sometimes venography (X rays to show blood flow after a special dye is injected into the veins).

How is a DVT treated?

Treatments aim to prevent the clot from becoming larger or breaking loose and traveling to the lungs, as well as to prevent new clots from forming. These include:

Medicines: The most common are anticoagulant medicines, which reduce the blood's

tendency to clot. These drugs can stop new clots and prevent growth of old ones. They can't dissolve existing clots, but the body does this itself over time.

Compression stockings, which relieve symptoms and help blood move through the legs.

Raising the Feet. Putting a cushion under the feet while resting or sleeping helps reduce pressure on the leg's deep veins.

How can DVT and pulmonary embolism be prevented?

Because surgery can increase the risk of having a DVT, hospitals assess risk of surgical patients and take measures to prevent DVT, such as working to get patients up and moving around, and using intermittent compression pumps, mechanical devices that automatically squeeze the feet and lower legs and assist circulation in the first days after surgery. Some general strategies to reduce risk of DVT include :

- Exercise the legs regularly (such as daily walks).
- Avoid obesity.
- Avoid sitting or lying down for long periods without moving your legs.
- Consider risks and benefits of taking contraceptive pills (especially if you are over 35) or hormone replacement therapy.
- Exercise the legs at least once an hour during long-distance travel by walking up and down the aisle of a bus, train or plane or taking breaks during long drives. Some other measures include wearing loose clothing, drinking plenty of fluids and avoiding alcohol to prevent dehydration. Your health care provider can provide additional advice, such as leg exercises that can be done while seated.

For more information on DVT and DVT Prevention Month, visit <http://www.preventdvt.org>. Some celebrity stories of DVT survival can be found at <http://www.spotlighthealth.com/dvt/dvt/dvt.htm>.

DVT Quiz for 1 hour of TEMPO Credit

Your Name _____

Social Security Last four _____

Please circle the correct answer for the five questions.

1. DVT:
 - a. Is a life-threatening complication of varicose veins.
 - b. Is a blood clot that forms in the deep veins, usually in a leg.
 - c. Is usually treated by surgery to remove the affected vein.
 - d. All of the above.
 - e. b. and c.

2. Which of the following is true?
 - a. Each year more people have a DVT than have a heart attack or stroke.
 - b. Pulmonary embolism kills more Americans each year than breast cancer and AIDS combined.
 - c. With appropriate treatment, it's rare for a DVT to lead to pulmonary embolism.
 - d. All of the above.
 - e. a. and c.

3. The following are some of the "risk factors" that increase risk of DVT:
 - a. obesity
 - b. surgery
 - c. restricted movement caused by long-distance travel.
 - d. All of the above.
 - e. b. and c.

4. Which of the following is NOT a symptom of pulmonary embolism?
 - a. Shortness of breath.
 - b. Pain worsened by deep breaths.
 - c. A blotchy rash.
 - d. Coughing up phlegm, possibly flecked with blood.

5. What are some strategies to help reduce your risk of developing DVT?
 - a. Exercise the legs regularly (such as daily walks)
 - b. Avoid sitting for long periods without moving your legs.
 - c. Walk in the aisle at least once an hour when on a long plane trip.
 - d. When on a long plane trip, drink one or two alcoholic beverages to improve blood flow.
 - e. All of the above.
 - f. All of the above except d.